

TRAINING APPLICATION FORM

Please **FILL** out form or **PRINT** clearly. Fill out a separate application form for each person and each training. If you are applying for **HIV Module 3 or Case Management training**, fill the application and have your supervisor sign and email or fax to the number below.

Name Position

Agency

Agency Address

Phone Fax

Email Address

Are you a supervisor? ☐ Yes ☐ No

If no, list supervisor's name Phone

Title of Training Date

Requesting CEUs? ☐ Yes ☐ No

If applicant is applying for HIV Module 3 or Case Management Training. *I confirm that this employee/volunteer will be providing HIV testing or will be providing case management through my agency.*

Supervisor Signature

Applications that are not complete will be returned. Applications for each training will be reviewed at the time of the application deadline for that training. Priority for acceptance into training is based on agency contracts with DCDIC/HAPIS, job position of applicant and available space.

**Fill out, print and fax form to 517-241-5731
ETRDU@michigan.gov for questions**